



Crow Tribal Historic Preservation Office

**CROW TRIBAL HISTORIC PRESERVATION OFFICE (CTHPO)**

Bacheeitché Avenue  
P.O. Box 159  
Crow Agency, Montana 59022  
406.839.3817  
CTHPO.INFO@crow-nsn.gov

**Standard Undertaking Form**

Under the authority of the **Apsáalooke Tribe Cultural Resource Protection Act of 2005 (CLB05-17)** The CTHPO is to identify, evaluate and protect cultural resources both historic and archaeological, by regulating undertakings upon protected lands (**Standard fee of \$400.00 unless agreed upon in writing with the director of the CTHPO**)

*An application for a permit shall be accompanied by payment of a non-refundable fee to cover some cost associated with the permit issuance and administration. The amount of the fee shall be fixed from time to time by the Tribal Historic Preservation office policy, shall take into scope of the proposal and shall be reasonable. (CLB05-17, Apsáalooke Tribe Cultural Resource Protection Act, 2005)*

This form along with supporting documentation must be provided to the Crow Tribal Historic Preservation Office (CTHPO) for any ground disturbance or the potential effect to cultural resources and heritage. This form is to notify the CTHPO of the undertaking. When this form is filled out and turn into CTHPO a member of the archaeological team will conduct an onsite assessment of the project area. **The applicant must address any comments or concerns of the CTHPO.**

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of request: \_\_\_\_\_

Project Name and Location Description (*Address with legal description*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Monitors determined by CTHPO Director: \_\_\_\_\_

Detailed description of proposed project: \_\_\_\_\_

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Additional required information:

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Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_\_

*Request form is invalid without signature*

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**CTHPO use only (Below this line):**

**Cultural Clearance/Permission to Proceed:**

**Yes**

**No**

**CTHPO use only:**

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**CTHPO Director:**

**Date:**

*Request form is invalid without CTHPO signature*